PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

WE15026

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18		•			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	/8 minus 20= *		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = *		*			X40=		OR	X80=		
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT		· · · · · · · · · · · · · · · · · · ·			+135=		OR	+270=		
* If the difference in column 1 is less that				s than zero, enter "0" in column 2				TOTAL		OR	TOTAL	210	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
4	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDENT	CLAIM		ال	+135=		OR	+270=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		ON	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3	1		ADDI-	ł	<u> </u>	ADDI-	
AMENDMENT B	0,000	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	-	=		X40=		OR	X80=		
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛	105					
								+135=		OR	+270= TOTAL		
								TOTAL ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3	3)		_	_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	\$4.7 <u>%</u>	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	_	X40=		OR	X80=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIN		_			1		†	
+13										OR		<u> </u>	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
l	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest num	ber f	ound in the ap	propriate bo	x in c	olumn 1.		